

# Massachusetts All-Payer Claims Database: Setting Expectations for Preliminary Data Release

April 24, 2012



DIVISION OF  
Health Care  
Finance and Policy

# Objectives for today's meeting

- Welcome and Introductions
- Recap of Last Month's Status Update
- Data Completeness and the Variance Process
- Cross File Match Results on Preliminary Data
- Open Discussion

# Recap of Last Month's Status Update

## **What's the status today?**

- We're actively collecting data from over 75 submitters
- We're planning the release of preliminary APCD data
- We have contracted with a third party to assist with the development of additional data quality metrics
- We're evaluating RFR responses for the purchase of services to create a master member and master provider file to uniquely identify members and providers
- We're hiring additional team members

# Recap of Last Month's Status Update

## **What are the priorities related to data quality assurance?**

- Accuracy
- Completeness
- Creation of master member and master provider files to uniquely identify members and providers within carriers and across carriers
- Validation of the claims 'versioning' processes
- Referential Integrity

We continue to work within our data quality assurance framework to obtain and provide the best possible data available

# Recap of Last Month's Status Update

## **Setting expectations for the preliminary release:**

- The data will be released before the creation of a Master Member and Master Provider file and, therefore, will not contain enhancements related to those files
- The Division is currently working with the submitters to validate the claims versioning process including the use of former claim number and will share the results at the time of release.
- The Division is currently assessing the referential integrity of the data but does not plan to change the preliminary data based on the assessment.

# Completeness of the Data

## Definition:

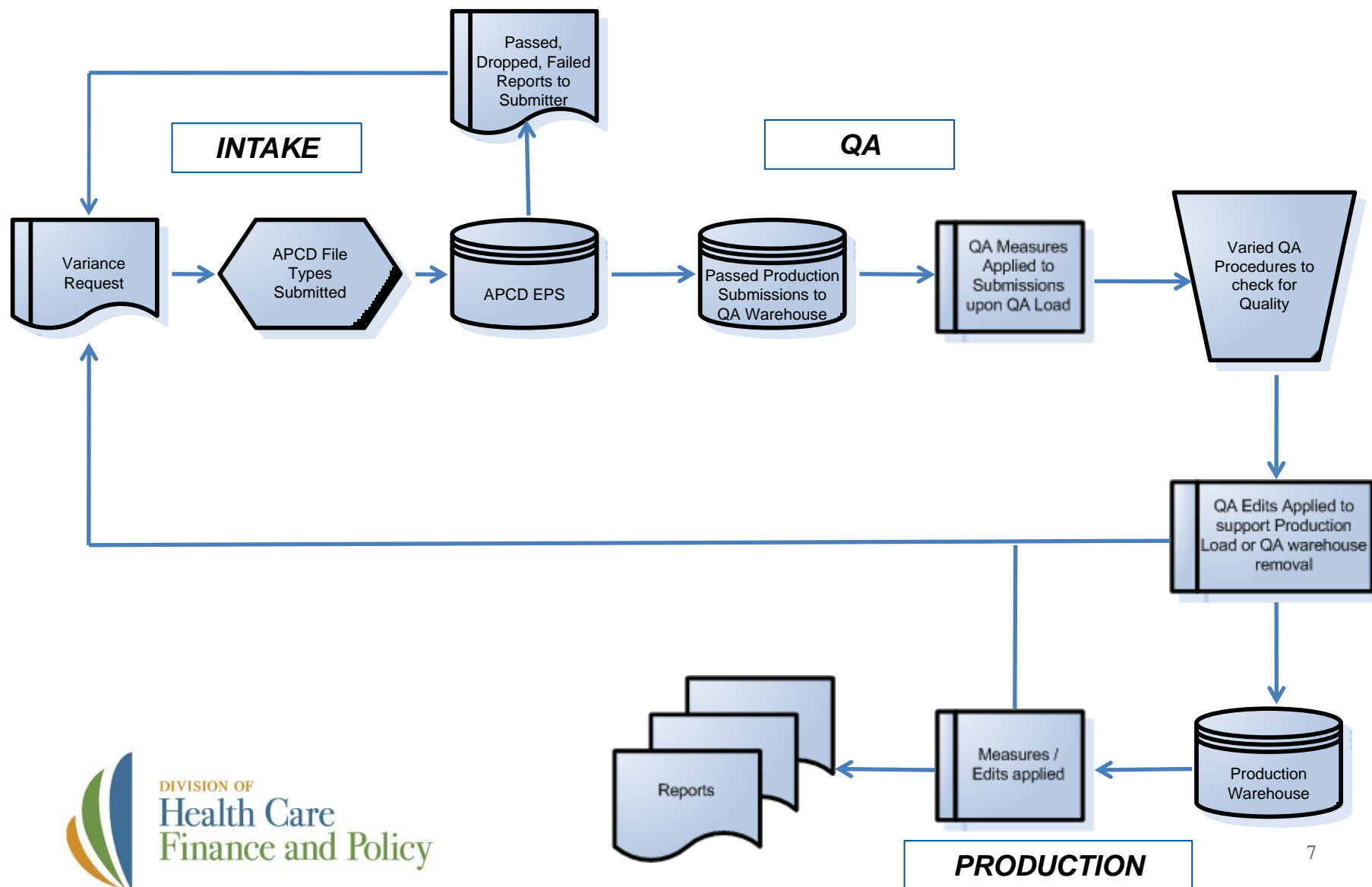
“**Completeness** refers to the expectation that data instances contain all the information they are supposed to. Completeness can be prescribed on the basis of a single attribute or can be dependent on the values of other attributes within a record or even be defined with respect to all values within a column. Missing values can wreak havoc on analytical applications, especially when looking at aggregate functions, such as summation, or more complicated analyses.”

Source: David Loshin, Knowledge Integrity, Inc.

# APCD Variance Process

- Carriers may petition the Division for a variance between the APCD expected threshold and the carrier's production threshold.
- The requests are submitted at a data element level with a rationale and remediation plan for each request.
- Once received by the Division, APCD liaisons review the requests with the carriers.
- If approved, the requested thresholds override APCD expected thresholds during the intake process.
- Currently, over 80% of the carriers have submitted variance requests.

# Review of Massachusetts APCD Data Flow





# APCD Variance Process (Eligibility Request)

Field	Data Element Name	Standard Threshold	Proposed Threshold	Submitter's Rationale	Plan Attached?
ME21	Race 1	3%	2%	Data collected outside member enrollment process. Data will become available to MA APCD beginning Oct. 2012	Y
ME22	Race 2	2%	0%	"	Y
ME23	Other Race	99%	0%	"	Y
ME24	Hispanic Indicator	3%	2%	"	Y
ME25	Ethnicity 1	3%	2%	"	Y
ME26	Ethnicity 2	2%	0%	"	Y
ME111	Medical Deductible	90%	0%	Currently updating system to extract data for APCD submissions	Y
ME112	Pharmacy Deductible	90%	0%	"	Y
ME113	Medical and Pharmacy Deductible	90%	0%	"	Y
ME114	Behavioral Health Deductible	90%	0%	"	Y
ME115	Dental Deductible	90%	0%	"	Y
ME116	Vision Deductible	90%	0%	"	Y

# APCD Variance Process (Claims Request)

Field ID	Data Element Name	Standard Threshold	Proposed Threshold	Submitter's Rationale	Plan Attached
MC016	Member Zip Code	98%	80%	Data Integrity Issue	Y
MC028	Service Provider First Name	92%	50%	Data Integrity Issue - Last Name Populated 100% of the Time	Y
MC032	Service Provider Specialty	98%	90%	Not always available	Y
MC039	Admitting Diagnosis	98%	95%	Data Integrity Issue	Y
MC055	Procedure Code	92%			
MC056	Procedure Modifier - 1	20%			
MC062	Charge Amount	99%			
MC063	Paid Amount	99%			
MC064	Prepaid Amount	99%			
MC065	Copay Amount	99%			
MC077	National Billing Provider ID	99%	0%	We do not currently have NPIs, working towards collecting in 2012	Y
MC135	Provider Location	98%	0%	We do not capture and store as it is not utilized in adjudicating the claim.	Y
MC136	Discharge Diagnosis	80%	0%	"	Y

# APCD Variance Process (Claims Request)

Field	Data Element Name	Standard Threshold	Proposed Threshold	Submitter's Rationale	Plan Attached?
PC010	Member SSN	98%	80%	Member SSN is not a required field in the enrollment system.	N
PC043	Prescribing Provider ID	80%			
PC044	Prescribing Physician First Name	50%	12%	Prescribing Provider may not be contracted with carrier. In such cases, information is missing.	N
PC045	Prescribing Physician Middle Name	2%	0%	""	N
PC046	Prescribing Physician Last Name	50%	12%	""	N
PC047	Prescribing Physician DEA Number	80%	12%	Shifting towards use of NPI instead of DEA	N
PC048	Prescribing Physician NPI	80%			
PC064	Date Prescription Written	80%	0%	Carrier does not capture this date on the claim. It's not used to adjudicate the claim.	Y
PC069	Member Self Pay Amount	20%	0%	Not captured in claim system	Y

# APCD Variance Process

During the intake process:

- Each data element is categorized according to importance (A, B, C, Z)
- Intake edits are applied and percentages of valid and invalid records are tallied
- APCD expected thresholds are applied
- Carrier variance requests override expected thresholds
- Pass / Fail results by element and by file are determined based on thresholds
- Consequences of Pass / Fail results vary depending on the importance of the data element.

# APCD Variance Process (applied at intake)

Data Element Number	Data Element Name	APCD Threshold	Production Threshold	Percent Passed Records	Result	Field Level
ME001	Payer	100		100	Passed	A0
ME002	National Plan ID	0		100	Passed	Z
ME003	Insurance Type Code/Product	96		100	Passed	A1
ME004	Year	100		100	Passed	A0
ME005	Month	100		100	Passed	A0
ME006	Insured Group or Policy Number	99		100	Passed	A2
ME007	Coverage Level Code	99		100	Passed	A1
ME008	Subscriber Unique Identification Number	85		94.93	Passed	A0
ME009	Plan Specific Contract Number	89	76	77	Passed	B
ME010	Member Suffix or Sequence Number	99	92	93	Passed	B
ME011	Member Identification Code	68	60	62	Passed	A2
ME012	Individual Relationship Code	97	91	91	Passed	A0
ME013	Member Gender	100		100	Passed	A0
ME014	Member Date of Birth	99	95	95	Passed	A0
ME015	Member City Name	99		100	Passed	A0
ME016	Member State or Province	99		100	Passed	A0
ME017	Member ZIP Code	99	95	93	Failed	A0
ME018	Medical Coverage	100		100	Passed	A0
ME019	Prescription Drug Coverage	100		100	Passed	A0
ME020	Dental Coverage	100		100	Passed	A0
ME021	Race 1	3	2	1	Failed	B
ME022	Race 2	2	0	0	Passed	C
ME023	Other Race	99	0	0	Passed	C
ME024	Hispanic Indicator	3	0	100	Passed	B
ME025	Ethnicity 1	3	0	100	Passed	B
ME026	Ethnicity 2	2	0	100	Passed	C
ME027	Other Ethnicity	99	0	100	Passed	C
ME028	Primary Insurance Indicator	80		100	Passed	A0
ME029	Coverage Type	90		100	Passed	A0
ME030	Market Category Code	95		100	Passed	A0
ME031	Special Coverage	0		100	Passed	B
ME032	Group Name	80		100	Passed	B
ME033	Member Language Preference	3	0	0	Passed	B

# APCD Variance Process

Questions?

# Levels of Data Completeness

We've discussed:

- Data element level
- File level (We maintain an inventory of monthly submissions by carrier)

Many other ways to measure completeness:

- Benefit Level

Do we have all the third-party administrator claims?

- Clinical Completeness

Do we have all the procedure codes on each claim line?

- Other?

# What Percentage of 2010 Claim Lines Match 2010 Provider Records?

Organization Name	Matched Total	Grand Total	Percent Matched
Combined Insurance Company of America	10,333	10,333	100
ConnectiCare of Massachusetts, Inc.	201,268	201,273	100
Boston Medical Center HealthNet Plan	8,612,814	8,613,515	99.99
Network Health	4,679,652	4,680,725	99.98
Harvard Pilgrim Health Care	20,418,222	20,436,031	99.91
CIGNA HealthCare of Massachusetts, Inc. - Medical	2,077	2,080	99.86
Connecticut General Life Insurance Company - Medical	4,279,269	4,373,754	97.84
Tufts Health Plan	25,765,605	27,013,064	95.38
United Healthcare Insurance Company - Physical Health	50,800	53,300	95.31
Ameritas Life Insurance Corporation	1,523	1,825	83.45
CIGNA Health and Life Insurance Company (CHLIC)	19,900	24,984	79.65
United Healthcare Insurance Company - Medicare Advantage	842,390	1,085,173	77.63
Connecticut General Life Insurance Company - FAC	56,328	75,060	75.04
Great-West Life & Annuity Insurance Company - FAC	1,600	2,167	73.83
Celticare of Massachusetts	389,150	622,645	62.5



# What Percentage of 2010 Claim Lines Match 2010 Provider Records?

**The claims lines were matched with provider records based on the following rules:**

- Payer ID must match
- Provider ID must match
- To and From Dates of Service must be within the year
- The provider record must be active within the year

# What Percentage of 2010 Claim Lines Match 2010 Provider Records?

## **What are possible reasons for a false positive match?**

- The provider id matches, but the provider name does not match
- The provider id is not uniquely assigned by the carrier

## **What are possible reasons for a false negative match?**

- The provider id from the carrier's master provider file is not reported on the claim line

# Session Wrap Up

Group Discussion / Questions?

# For more information:

Upcoming Schedule	
<b>APCD Technical Assistance Group (TAG) Webinar</b> 2 <sup>nd</sup> Tuesday of each month	Next meeting on May 8th
<b>APCD Workgroup</b> 4 <sup>th</sup> Tuesday of each month	Next meeting on May 22nd

- Send questions and feedback to [dhcfp.apcd@state.ma.us](mailto:dhcfp.apcd@state.ma.us)
- For more information, including important updates and events, please visit: [www.mass.gov/dhcfp/apcd](http://www.mass.gov/dhcfp/apcd)